

### EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....						
0299998 Premium due and unpaid not individually listed .....						
0299999 Total group .....						
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid(Page 2, Line 10) ...						

### EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Receivables not individually listed</b>						
Michigan Department of Community Health .....				193,500	193,500	
0499999 Total - Receivables not individually listed .....						
0599999 Health care receivables .....				193,500	193,500	

## EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Individually Listed Claims Payable</b>						
Various .....					21,304	21,304
0199999 Total - Individually Listed Claims Payable .....					21,304	21,304
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....						
0499999 Subtotals .....					21,304	21,304
0599999 Unreported claims and other claim reserves .....						
0699999 Total Amounts Withheld .....						
0799999 Total Claims Payable .....						21,304
0899999 Accrued Medical Incentive Pool .....						

### EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0299999 Receivables not individually listed .....							
0399999 Total gross amounts receivable .....							

### EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually listed payables</b>				
Augustine Kole-James, M.D. ....	For leased equipment and office space ....	29,000	29,000	
0199999 Total - Individually listed payables .....	X X X .....	29,000	29,000	
0299999 Payables not individually listed .....	X X X .....			
0399999 Total gross payables .....	X X X .....	29,000	29,000	

### EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....						
4. Total capitation payments .....						
<b>Other Payments:</b>						
5. Fee-for-service .....			X X X	X X X		
6. Contractual fee payments .....	644,957	100.000	X X X	X X X		644,957
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. Total other payments .....	644,957	100.000	X X X	X X X		644,957
13. Total (Line 4 plus Line 12) .....	644,957	100.000	X X X	X X X		644,957

### EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 Totals .....			X X X	X X X	X X X

### EXHIBIT 9 - FURNITURE AND EQUIPMENT OWNED

		1	2	3	4	5	6
	Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets Used for the Delivery of Health Care
1.	Administrative furniture and equipment .....	752		376			376
2.	Medical furniture, equipment and fixtures .....						
3.	Pharmaceuticals and surgical supplies .....						
4.	Durable medical equipment .....						
5.	Other property and equipment .....						
6.	<b>Total</b> .....	<b>752</b>		<b>376</b>			<b>376</b>



# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: Pro Care Health Plan 2. DIVISION:

NAIC Group Code

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 11081

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year .....							X X X			
2. First Quarter .....							X X X			
3. Second Quarter .....							X X X			
4. Third Quarter .....							X X X			
5. Current Year .....							X X X			
6. Current Year Member Months .....							X X X			
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....							X X X			
8. Non-Physician .....							X X X			
9. Total .....							X X X			
10. Hospital Patient Days Incurred .....							X X X			
11. Number of Inpatient Admissions .....							X X X			
12. Premiums Collected .....										
13. Premiums Earned .....										
14. Amount Paid for Provision of Health Care Services .....	644,957								644,957	
15. Amount of Incurred for Provision of Health Care Services .....										

34 Grand Total



# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: Pro Care Health Plan 2. DIVISION:

NAIC Group Code

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code 11081

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year .....							X X X			
2. First Quarter .....							X X X			
3. Second Quarter .....							X X X			
4. Third Quarter .....							X X X			
5. Current Year .....							X X X			
6. Current Year Member Months .....							X X X			
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....							X X X			
8. Non-Physician .....							X X X			
9. Total .....							X X X			
10. Hospital Patient Days Incurred .....							X X X			
11. Number of Inpatient Admissions .....							X X X			
12. Premiums Collected .....										
13. Premiums Earned .....										
14. Amount Paid for Provision of Health Care Services .....	644,957								644,957	
15. Amount of Incurred for Provision of Health Care Services .....										

34 Michigan

### SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement) .....	235,658
2.	Increase (decrease) by adjustment: .....	
2.1	Totals, Part 1, Column 10 .....	8,968
2.2	Totals, Part 3, Column 7 .....	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)) .....	512,431
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13 .....	
4.2	Totals, Part 3, Column 9 .....	
5.	Total profit (loss) on sales, Part 3, Column 14 .....	
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 11 .....	
6.2	Totals, Part 3, Column 8 .....	
7.	Amounts received on sales, Part 3, Column 11 .....	
8.	Book/adjusted carrying value at the end of current period .....	757,057
9.	Total valuation allowance .....	
10.	Subtotal (Lines 8 plus 9) .....	757,057
11.	Total nonadmitted amounts .....	
12.	Statement value, current period (Page 2, real estate lines, current period) .....	757,057

### SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year .....	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount and mortgage interest points and commitment fees .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year	<b>NONE</b>
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of mortgages owned at end of current period .....	

### SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year	<b>NONE</b>
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book/adjusted carrying value of long-term invested assets at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of long-term invested assets at end of current period .....	

37 Schedule D Part 1A Sn 1 - #1..... NONE

38 Schedule D Part 1A Sn 1 - #2..... NONE

39 Schedule D Part 1A Sn 1 - #3..... NONE

40 Schedule D Part 1A Sn 2 - #1..... NONE

41 Schedule D Part 1A Sn 2 - #2..... NONE

42 Schedule D Part 1A Sn 2 - #3..... NONE

## SCHEDULE DA - PART 2

### Verification of SHORT-TERM INVESTMENTS Between Years

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year .....	.....	.....	.....	.....	.....
2. Cost of short-term investments acquired .....	.....	.....	.....	.....	.....
3. Increase (decrease) by adjustment .....	.....	.....	.....	.....	.....
4. Increase (decrease) by foreign exchange adjustment .....	.....	.....	.....	.....	.....
5. Total profit (loss) on disposal of short-term investments .....	.....	.....	.....	.....	.....
6. Consideration received on disposal of short-term investments .....	.....	.....	.....	.....	.....
7. Book/adjusted carrying value, current year .....	.....	.....	.....	.....	.....
8. Total valuation allowance .....	.....	.....	.....	.....	.....
9. Subtotal (Lines 7 plus 8) .....	.....	.....	.....	.....	.....
10. Total nonadmitted amounts .....	.....	.....	.....	.....	.....
11. Statement value (Lines 9 minus 10) .....	.....	.....	.....	.....	.....
12. Income collected during year .....	.....	.....	.....	.....	.....
13. Income earned during year .....	.....	.....	.....	.....	.....

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

44	Schedule DB Part A Verification .....	NONE
44	Schedule DB Part B Verification .....	NONE
45	Schedule DB Part C Verification .....	NONE
45	Schedule DB Part D Verification .....	NONE
45	Schedule DB Part E Verification .....	NONE
46	Schedule DB Part F Sn 1 - Sum Replicated Assets .....	NONE
47	Schedule DB Part F Sn 2 - Recon Replicated Assets .....	NONE
48	Schedule S - Part 1 - Section 2 .....	NONE
49	Schedule S - Part 2 .....	NONE
50	Schedule S - Part 3 - Section 2 .....	NONE
51	Schedule S - Part 4 .....	NONE
52	Schedule S - Part 5 .....	NONE

## SCHEDULE S - PART 6

### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 9) .....	1,414,196		1,414,196
2. Amounts recoverable from reinsurers (Line 12) .....			
3. Accident and health premiums due and unpaid (Line 10) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	306,114		306,114
6. Total assets (Line 23) .....	1,720,310		1,720,310
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	21,304		21,304
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 6) .....			
10. Reinsurance in unauthorized companies (Line 14) .....			
11. All other liabilities (Balance) .....	101,986		101,986
12. Total liabilities (Line 18) .....	123,290		123,290
13. Total capital and surplus (Line 26) .....	1,597,021	X X X	1,597,021
14. Total liabilities, capital and surplus (Line 27) .....	1,720,311		1,720,311
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid .....			
16. Accrued medical incentive pool .....			
17. Premiums received in advance .....			
18. Reinsurance recoverable on paid losses .....			
19. Other ceded reinsurance recoverables .....			
20. Total ceded reinsurance recoverables .....			
21. Premiums receivable .....			
22. Unauthorized reinsurance .....			
23. Other ceded reinsurance payables/offsets .....			
24. Total ceded reinsurance payables/offsets .....			
25. Total net credit for ceded reinsurance .....			

## SCHEDULE Y (continued)

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
11081 .....	383295207 .....	Pro Care Health Plan , Augustine Kole-James, Profe .....	.....	.....	.....	.....	..... 17,908	.....	.....	.....	..... 17,908	.....
9999999 Totals .....			.....	.....	.....	.....	..... 17,908	.....	X X X	.....	..... 17,908	.....

Schedule Y Part 2 Explanation: Pro care owns buildings that are rented to Professional Medical Center. Pro Care rents space from Professional Medical Center, and utilizes the services of Professional Medical Centers employees on an allocated basis.

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 1.1 Does your company write Medicare Supplement Insurance? Yes[ ] No[X]  
1.2 Will the Medicare Supplement Insurance Experience Exhibit be filed by March 1? Yes[ ] No[X]  
1.3 If first response is yes and second response is no, please explain:  
If second response is no and the form is "None," affix bar code (Document Identifier 360) here:
- 2.1 The Supplemental Compensation Exhibit is a required filing, with the domiciliary Department, for all companies. Will the Supplemental Compensation Exhibit be filed with the domiciliary Department by March 1? Yes[X] No[ ]  
2.2 If answer is no, please explain:  
If response is no and the form is "None," affix bar code (Document Identifier 460) here:
- 3.1 An actuarial certification is a required filing for all companies. Will an actuarial certification be filed by March 1? Yes[X] No[ ]  
3.2 If answer is no, please explain:  
If response is no and the form is "None," affix bar code (Document Identifier 440) here:
- 4.1 The officers and directors information is a required filing for all companies. Will the officers and directors information be filed with the NAIC by March 1? Yes[ ] No[X]  
4.2 If answer is no, please explain:  
There have been no Changes  
If response is no and the form is "None," affix bar code (Document Identifier 380) here:
- 5.1 Will the Risk-based Capital Report be filed with the NAIC by March 1? Yes[X] No[ ]  
5.2 If no, please explain:  
If response is no and the form is "None," affix bar code (Document Identifier 390) here:
- 5.3 Will the Risk-based Capital Report be filed with the domiciliary department, if required by March 1? Yes[X] No[ ]  
5.4 If no, please explain:  
If response is no and the form is "None," affix bar code (Document Identifier 390) here:
- 6.1 The SVO Compliance Certification is a required filing for all companies. Will the SVO Compliance Certification be filed by March 1? Yes[ ] No[X]  
6.2 If no, please explain:  
None  
If response is no and the form is "None," affix bar code (Document Identifier 470) here:
- 7.1 Management's Discussion and Analysis is a required filing. Will Management's Discussion and Analysis be filed by April 1? Yes[X] No[ ]  
7.2 If answer is no, please explain:  
If response is no and the form is "None," affix bar code (Document Identifier 350) here:

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

- 8.1 Does your company write Long-term Care Insurance? Yes[ ] No[X]  
8.2 Will the Long-term Care Experience Reporting Forms be filed by April 1? Yes[ ] No[X]  
8.3 If first response is yes and second response is no, please explain:  
    If second response is no and the form is "None," affix bar code (Document Identifier 340) here:
- 9.1 The Investment Risks Interrogatories is a required filing. Will this be filed by April 1? Yes[X] No[ ]  
9.2 If no, please explain:  
    If response is no and the form is "None," affix bar code (Document Identifier 285) here:
- 10.1 An audited financial report is a required filing for all companies. Will an audited financial report be filed by June 1 with the domiciliary? Yes[X] No[ ]  
10.2 If answer is no, please explain:  
    If response is no and the form is "None," affix bar code (Document Identifier 220) here:

## OVERFLOW PAGE FOR WRITE-INS

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
0897. Summary of remaining write-ins for Line 8 (Lines 0804 through 0896) .....				
2204. Security Deposit .....	7,700		7,700	7,700
2205. Deposit On Building .....				245,858
2206. Receivable For Taxes .....	277,763		277,763	
2297. Summary of remaining write-ins for Line 22 (Lines 2204 through 2296) .....	285,463		285,463	253,558

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
0604. Tax Refund .....	X X X	277,763	
0605. Miscellaneous Income .....	X X X	136,033	39,364
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....	X X X	413,796	39,364

OVERFLOW PAGE FOR WRITE-INS

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**  
 (Gain and Loss Exhibit)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medical Only	Medicare Supplemental	Dental Only	Vision Only	Federal Employee Health Benefit Plan	Title XVIII- Medicare	Title XIX- Medicaid	Stop Loss	Disability Income	Long- term Care	Other
0504. Misc. Income .....	136,033								136,033				
0597. Summary of remaining write-ins for Line 5 (Lines 0504 through 0596) .....	136,033								136,033				

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